

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 25, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 767,187.05
TOTAL TRANSFERS BETWEEN FUNDS	\$ 312,048.19
TOTAL NURSING HOME UPL EXPENSES	\$ 1,195,289.24
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED March 25, 2026</b>	<b>\$ 2,274,524.48</b>

**APPROVED**

MAR 25 2026

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---March 25, 2026**

**PAYABLES AND PAYROLL**

3/20/2026 Weekly Payables	214,047.65
3/23/2026 McKesson-340B Prescription Expense	2,581.47
3/23/2026 Cencora-340B Prescription Expense	361.04
3/23/2026 Cencora-340B Prescription Expense	1,527.28
3/23/2026 Cencora-340B Prescription Expense	269.41
3/23/2026 Payroll Liabilities-Payroll Taxes	119,272.93
3/23/2026 Payroll	387,482.73

**Prosperity Electronic Bank Payments**

3/23/2026 90 Degree Benefits - employee insurance claims	6,989.61
3/23/2026 Pay Plus-Patient Claims Processing Fee	1,318.47
3/23/2026 Credit Card Lease Fee	45.64
3/23/2026 Health Equity -HSA Contributions	1,075.82
3/23/2026 CHIC-Reciprocal IC	32,215.00

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 767,187.05**

**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

3/20/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	91,418.16
3/20/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	131,761.23
3/20/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	88,868.80

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 312,048.19**

**NURSING HOME UPL EXPENSES**

3/23/2026 Nursing Home UPL-Cantex Transfer	177.58
3/23/2026 Nursing Home UPL-Nexion Transfer	238,224.27
3/23/2026 Nursing Home UPL-Tuscany Transfer	572,377.72
3/23/2026 Nursing Home UPL-HSL Transfer	345,990.48

**TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC**

3/23/2026 Gulfpointe to MMC - Claims owed to MMC	38,519.19
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**TOTAL NURSING HOME UPL EXPENSES** **\$ 1,195,289.24**

**INTER-GOVERNMENT TRANSFERS**

**TOTAL INTER-GOVERNMENT TRANSFERS** **\$ -**

**GRAND TOTAL DISBURSEMENTS APPROVED March 25, 2026** **\$ 2,274,524.48**



NURSING HOME CHECKS

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	A2150		ANNOUNCEMENTS PLUS TOO AGAIN		189.00	0.00	0.00	189.00		
Vendor#	Vendor Name		Class	Pay Code						
A2271	ARTHREX, INC		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 926856644		03/17/202	03/10/202	03/17/202			1,660.00	0.00	0.00	1,660.00 ✓
SURGERY SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	A2271		ARTHREX, INC		1,660.00	0.00	0.00	1,660.00		
Vendor#	Vendor Name		Class	Pay Code						
12800	AUTHORITYRX, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 7000137124		03/18/202	01/08/202	01/09/202			1,000.00	0.00	0.00	1,000.00 ✓
AUDITING SERVICES										
✓ 7000144349		03/18/202	03/02/202	03/03/202			21,176.86	0.00	0.00	21,176.86 ✓
340B EXPENSE										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	12800		AUTHORITYRX, LLC		22,176.86	0.00	0.00	22,176.86		
Vendor#	Vendor Name		Class	Pay Code						
M2485	BAYER HEALTHCARE		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6012444843		03/17/202	03/05/202	03/17/202			585.16	0.00	0.00	585.16 ✓
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	M2485		BAYER HEALTHCARE		585.16	0.00	0.00	585.16		
Vendor#	Vendor Name		Class	Pay Code						
15912	BAYLOR COLLEGE OF MEDICINE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4774		03/16/202	03/11/202	03/11/202			187.50	0.00	0.00	187.50 ✓
MEDICAL DIRECTORSHIP FEB 26										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	15912		BAYLOR COLLEGE OF MEDICINE		187.50	0.00	0.00	187.50		
				<i>Dr. Bryan Janssen</i>						
Vendor#	Vendor Name		Class	Pay Code						
B1220	BECKMAN COULTER INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 112537582		03/11/202	03/03/202	03/28/202			21,537.14	0.00	0.00	21,537.14 ✓
SUPPLIES <i>laboratory supplies</i>										
✓ 112537613		03/17/202	03/03/202	03/28/202			742.12	0.00	0.00	742.12 ✓
<del>SUPPLIES</del> <i>laboratory supplies</i>										
✓ 4610291		03/17/202	03/03/202	03/28/202			1,484.00	0.00	0.00	1,484.00 ✓
<del>SUPPLIES</del> <i>laboratory instrument</i>										
✓ 112543338		03/17/202	03/05/202	03/30/202			290.35	0.00	0.00	290.35 ✓
LAB SUPPLIES <i>BNP Calibrators</i>										
✓ 112546272		03/17/202	03/09/202	03/09/202			1,539.91	0.00	0.00	1,539.91 ✓
<i>Cell control X3 &amp; X2</i>										
✓ 112434757		03/18/202	01/06/202	01/31/202			1,493.44	0.00	0.00	1,493.44 ✓
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	B1220		BECKMAN COULTER INC		27,086.96	0.00	0.00	27,086.96		
Vendor#	Vendor Name		Class	Pay Code						
B1320	BEEKLEY CORPORATION		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MIN0301523		03/17/202	03/06/202	03/17/202			398.00	0.00	0.00	398.00 ✓
SUPPLIES <i>Tomo Spot x4</i>										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		



Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15188	CLARITY ENROLLMENT SOLUTIONS				315.00	0.00	0.00	315.00	
Vendor#	Vendor Name			Class	Pay Code						
C1166	COASTAL OFFICE SOLUTONS			W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	FRFQ91		03/17/202	03/02/202	03/12/202			5,432.09	0.00	0.00	5,432.09
		SUPPLIES	roller shades/blinds								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		C1166	COASTAL OFFICE SOLUTONS				5,432.09	0.00	0.00	5,432.09	
Vendor#	Vendor Name			Class	Pay Code						
13336	COCA COLA SOUTHWEST BEVERAGES										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	51414026006		03/18/202	03/12/202	03/12/202			451.86	0.00	0.00	451.86
		DIETARY SUPPLIES	drinks								✓
✓	51414026008		03/18/202	03/12/202	03/12/202			-275.00	0.00	0.00	-275.00
		DIETARY SUPPLIES CREDIT	CO2								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		13336	COCA COLA SOUTHWEST BEVERAGES				176.86	0.00	0.00	176.86	
Vendor#	Vendor Name			Class	Pay Code						
C2157	COOPER SURGICAL INC			M							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	55001297500		03/17/202	03/17/202	03/17/202			534.70	0.00	0.00	534.70
		SUPPLIES	surgical smoke evacuation system								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		C2157	COOPER SURGICAL INC				534.70	0.00	0.00	534.70	
Vendor#	Vendor Name			Class	Pay Code						
11368	CYRACOM LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	0849800226		03/09/202	03/03/202	04/01/202			213.30	0.00	0.00	213.30
		INTERPRET SERVICES									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11368	CYRACOM LLC				213.30	0.00	0.00	213.30	
Vendor#	Vendor Name			Class	Pay Code						
18344	DANIEL INDUSTRIES POWER EQUIPM										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	15307		03/18/202	03/13/202	03/13/202			9,800.00	0.00	0.00	9,800.00
		LAWN MOWER	repairs								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		18344	DANIEL INDUSTRIES POWER EQUIPM				9,800.00	0.00	0.00	9,800.00	
Vendor#	Vendor Name			Class	Pay Code						
10368	DEWITT POTH & SON										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8286280		03/17/202	03/06/202	03/31/202			280.00	0.00	0.00	280.00
		ENVELOPES									✓
✓	8294850		03/18/202	03/12/202	03/12/202			143.49	0.00	0.00	143.49
		SUPPLIES									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10368	DEWITT POTH & SON				423.49	0.00	0.00	423.49	
Vendor#	Vendor Name			Class	Pay Code						
14800	DIRECTV ENTERTAINMENT HOLDINGS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	260312		03/18/202	03/12/202	03/31/202			511.20	0.00	0.00	511.20
		DIRECT TV SERVICE									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14800	DIRECTV ENTERTAINMENT HOLDINGS				511.20	0.00	0.00	511.20	
Vendor#	Vendor Name			Class	Pay Code						

11291	DOWELL PEST CONTROL										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	69829		03/16/202	03/12/202	03/12/202			75.00	0.00	0.00	75.00 ✓
	PEST CONTROL <i>Ant treatment</i>										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL					75.00	0.00	0.00	75.00
Vendor#	Vendor Name		Class		Pay Code						
11091	ECOLAB										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6357829276		03/16/202	03/01/202	03/01/202			255.21	0.00	0.00	255.21 ✓
	RENTAL LEASE 030126-033126										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11091	ECOLAB					255.21	0.00	0.00	255.21
Vendor#	Vendor Name		Class		Pay Code						
F1106	FDA-MQSA PROGRAM										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4500042869		03/18/202	03/11/202	04/02/202			548.00	0.00	0.00	548.00 ✓
	MQSA ANNUAL INSPECTION										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1106	FDA-MQSA PROGRAM					548.00	0.00	0.00	548.00
Vendor#	Vendor Name		Class		Pay Code						
10003	FILTER TECHNOLOGY CO, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	127780		03/18/202	03/11/202	03/11/202			5,594.49	0.00	0.00	5,594.49 ✓
	FILTERS										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10003	FILTER TECHNOLOGY CO, INC					5,594.49	0.00	0.00	5,594.49
Vendor#	Vendor Name		Class		Pay Code						
14336	FIRETRON, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	SFOINV03705		03/16/202	03/11/202	03/11/202			925.00	0.00	0.00	925.00 ✓
	QTRLY SPRINKLER										
✓	SFOINV03707		03/16/202	03/11/202	03/11/202			300.00	0.00	0.00	300.00 ✓
✓	SFOINV03708		03/16/202	03/11/202	03/11/202			225.00	0.00	0.00	225.00 ✓
	HOOD INSPECTION <i>fire alarm inspection</i>										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14336	FIRETRON, INC					1,450.00	0.00	0.00	1,450.00
Vendor#	Vendor Name		Class		Pay Code						
13016	FIRST INSURANCE FUNDING										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	030126		03/16/202	03/01/202	03/01/202			4,115.32	0.00	0.00	4,115.32 ✓
	MARCH INSURANCE INSTALLMEI										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13016	FIRST INSURANCE FUNDING					4,115.32	0.00	0.00	4,115.32
Vendor#	Vendor Name		Class		Pay Code						
F1400	FISHER HEALTHCARE		M								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7152891		03/17/202	03/04/202	03/29/202			169.12	0.00	0.00	169.12 ✓
	SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					169.12	0.00	0.00	169.12
Vendor#	Vendor Name		Class		Pay Code						
11078	FUSION MEDICAL STAFFING, LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV964675		03/16/202	03/07/202	04/01/202			2,583.75	0.00	0.00	2,583.75 ✓

*Sarah Wilmore*



Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		11600	LEGAL SHIELD			431.80	0.00	0.00	431.80	
Vendor#	Vendor Name		Class	Pay Code						
J1350	M.C. JOHNSON COMPANY INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 00400386	SUPPLIES <i>tube holder</i>	03/17/202	03/05/202	03/05/202			95.33	0.00	0.00	95.33 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		J1350	M.C. JOHNSON COMPANY INC			95.33	0.00	0.00	95.33	
Vendor#	Vendor Name		Class	Pay Code						
M2178	MCKESSON MEDICAL SURGICAL INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 25130382	SUPPLIES <i>syringe &amp; applicator</i>	03/17/202	03/02/202	03/17/202			69.01	0.00	0.00	69.01 ✓
✓ 25134150	SUPPLIES <i>applicator &amp; diluent</i>	03/17/202	03/02/202	03/17/202			61.35	0.00	0.00	61.35 ✓
✓ 25133444	SUPPLIES <i>canister x2</i>	03/17/202	03/02/202	03/17/202			203.04	0.00	0.00	203.04 ✓
✓ 25170845	SUPPLIES <i>applicator</i>	03/17/202	03/09/202	03/24/202			61.37	0.00	0.00	61.37 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		M2178	MCKESSON MEDICAL SURGICAL INC			394.77	0.00	0.00	394.77	
Vendor#	Vendor Name		Class	Pay Code						
M2470	MEDLINE INDUSTRIES INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2374546701	SUPPLIES <i>syringe</i>	03/17/202	06/11/202	07/06/202			19.27	0.00	0.00	19.27 ✓
✓ 2384038483	SUPPLIES <i>MBO-filter</i>	03/17/202	08/13/202	09/07/202			60.64	0.00	0.00	60.64 ✓
✓ 2384038485	SUPPLIES <i>device removal</i>	03/17/202	08/13/202	09/07/202			279.08	0.00	0.00	279.08 ✓
✓ 2396894280	SUPPLIES <i>immobilizer</i>	03/17/202	11/05/202	11/30/202			5.84	0.00	0.00	5.84 ✓
✓ 2396894285	SUPPLIES	03/17/202	11/05/202	11/30/202			12.30	0.00	0.00	12.30 ✓
✓ 2396894290	SUPPLIES <i>syringe</i>	03/17/202	11/05/202	11/30/202			38.54	0.00	0.00	38.54 ✓
✓ 2414684169	SUPPLIES <i>armboard</i>	03/17/202	03/03/202	03/28/202			43.09	0.00	0.00	43.09 ✓
✓ 2414765731	SUPPLIES <i>parallel bars</i>	03/17/202	03/03/202	03/28/202			1,529.03	0.00	0.00	1,529.03 ✓
✓ 2414684171	SUPPLIES <i>specimen bag</i>	03/17/202	03/03/202	03/28/202			72.12	0.00	0.00	72.12 ✓
✓ 2414684172	SUPPLIES <i>test pack</i>	03/17/202	03/03/202	03/28/202			109.84	0.00	0.00	109.84 ✓
✓ 2414946348	SUPPLIES <i>slippers</i>	03/17/202	03/04/202	03/29/202			54.47	0.00	0.00	54.47 ✓
✓ 2414946342	SUPPLIES <i>foot brace</i>	03/17/202	03/04/202	03/29/202			21.51	0.00	0.00	21.51 ✓
✓ 2414946346	SUPPLIES	03/17/202	03/04/202	03/29/202			5,658.01	0.00	0.00	5,658.01 ✓
✓ 2414946345	SUPPLIES	03/17/202	03/04/202	03/29/202			10,702.73	0.00	0.00	10,702.73 ✓
✓ 2414946339	SUPPLIES <i>electrode gel</i>	03/17/202	03/04/202	03/29/202			56.36	0.00	0.00	56.36 ✓
✓ 2414946340	SUPPLIES	03/17/202	03/04/202	03/29/202			878.50	0.00	0.00	878.50 ✓

Invoice#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
✓ 2414946343	SUPPLIES			52.74	0.00	0.00	52.74 ✓
✓ 2415753062	SUPPLIES <i>adult cuff</i>			100.04	0.00	0.00	100.04 ✓
✓ 2415753064	SUPPLIES <i>needle tray</i>			178.27	0.00	0.00	178.27 ✓
✓ Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	M2470 MEDLINE INDUSTRIES INC			19,872.38	0.00	0.00	19,872.38

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
M2621	MMC AUXILIARY GIFT SHOP	W					
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
031626		03/16/202	03/16/202	03/16/202			380.97 ✓
	EMPLOYEE PAYROLL DEDUCTS <i>/giftshop</i>						
✓ Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	M2621 MMC AUXILIARY GIFT SHOP			380.97	0.00	0.00	380.97

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC						
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
4526572		03/16/202	03/09/202	03/19/202			48.70 ✓
✓ 4531994	SUPPLIES	03/16/202	03/10/202	03/20/202			48.70 ✓
✓ 4539930	SUPPLIES	03/16/202	03/11/202	03/21/202			106.66 ✓
✓ 4539929	SUPPLIES	03/16/202	03/11/202	03/21/202			518.05 ✓
✓ 4540485	SUPPLIES	03/16/202	03/11/202	03/21/202			20.09 ✓
✓ 4540486	SUPPLIES	03/16/202	03/11/202	03/21/202			330.31 ✓
✓ 4540157	SUPPLIES	03/16/202	03/11/202	03/21/202			126.83 ✓
✓ 4540156	SUPPLIES	03/16/202	03/11/202	03/21/202			49.77 ✓
✓ 4537491	SUPPLIES	03/16/202	03/11/202	03/21/202			9.70 ✓
✓ 4537490	SUPPLIES	03/16/202	03/11/202	03/21/202			48.70 ✓
✓ 4542822	SUPPLIES	03/16/202	03/12/202	03/22/202			8.97 ✓
✓ 4544377	SUPPLIES	03/16/202	03/12/202	03/22/202			58.59 ✓
✓ 4542821	SUPPLIES	03/16/202	03/12/202	03/22/202			48.70 ✓
✓ 4544376	SUPPLIES	03/16/202	03/12/202	03/22/202			56.31 ✓
✓ 4551912	PHAMACY SUPPLIES	03/18/202	03/15/202	03/25/202			5.86 ✓
✓ 4541916	PHAMACY SUPPLIES	03/18/202	03/15/202	03/25/202			159.69 ✓
✓ 4551913	SUPPLIES	03/18/202	03/15/202	03/25/202			217.98 ✓
✓ 4551914	PHAMACY SUPPLIES	03/18/202	03/15/202	03/25/202			2,462.51 ✓
✓ 4551915	PHAMACY SUPPLIES	03/18/202	03/15/202	03/25/202			58.41 ✓

✓	4557926	PHARMACY SUPPLIES	03/18/202	03/16/202	03/26/202		846.31	0.00	0.00	846.31	✓
✓	4554676	PHARMACY SUPPLIES	03/18/202	03/16/202	03/26/202		55.49	0.00	0.00	55.49	✓
✓	4557927	PHARMACY SUPPLIES	03/18/202	03/16/202	03/26/202		385.92	0.00	0.00	385.92	✓
✓	4562205	PHARMACY SUPPLIES	03/18/202	03/17/202	03/27/202		2,234.00	0.00	0.00	2,234.00	✓
✓	4560338	PHARMACY SUPPLIES	03/18/202	03/17/202	03/27/202		1,095.94	0.00	0.00	1,095.94	✓
✓	4560337	PHARMACY SUPPLIES	03/18/202	03/17/202	03/27/202		64.72	0.00	0.00	64.72	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
10536 MORRIS & DICKSON CO, LLC							9,066.91	0.00	0.00	9,066.91	✓
Vendor#	Vendor Name		Class	Pay Code							
16004	NITOR E LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	031826		03/18/202	03/18/202	03/18/202		6,889.28	0.00	0.00	6,889.28	
AMBULANCE SLIDING DOOR											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
16004 NITOR E LLC							6,889.28	0.00	0.00	6,889.28	
Vendor#	Vendor Name		Class	Pay Code							
O1500	OLYMPUS AMERICA INC		M								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	39499118		03/17/202	03/04/202	03/29/202		201.88	0.00	0.00	201.88	✓
✓	39522014	SUPPLIES	03/17/202	03/09/202	03/09/202		204.60	0.00	0.00	204.60	✓
SUPPLIES Share Master plus hot/cold											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
O1500 OLYMPUS AMERICA INC							406.48	0.00	0.00	406.48	
Vendor#	Vendor Name		Class	Pay Code							
12480	PRO ENERGY PARTNERS LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	R29036		03/18/202	03/16/202	03/31/202		5,516.78	0.00	0.00	5,516.78	✓
FEB NATURAL GAS BILL											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
12480 PRO ENERGY PARTNERS LLC							5,516.78	0.00	0.00	5,516.78	
Vendor#	Vendor Name		Class	Pay Code							
O1416	QUIDELORTHO SALES COMPANY LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	9100325350		03/17/202	03/02/202	03/02/202		221.50	0.00	0.00	221.50	✓
✓	9100327658	SUPPLIES/ PIPET TIPS	03/17/202	03/04/202	03/04/202		1,093.59	0.00	0.00	1,093.59	✓
✓	9100332464	LAB SUPPLIES	03/17/202	03/07/202	03/07/202		1,364.26	0.00	0.00	1,364.26	✓
LAB SUPPLIES											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
O1416 QUIDELORTHO SALES COMPANY LLC							2,679.35	0.00	0.00	2,679.35	
Vendor#	Vendor Name		Class	Pay Code							
14536	QUVA PHARMA INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	WA0000056626		03/16/202	03/05/202	03/05/202		227.28	0.00	0.00	227.28	✓
✓	WA0000059244	SUPPLIES	03/18/202	03/12/202	03/12/202		305.76	0.00	0.00	305.76	✓
PHARMACY SUPPLIES pharmacy x12 x5											



17248	SUMMIT PAIN AND WELLNESS						2,760.00	0.00	0.00	2,760.00	
Vendor#	Vendor Name	Class	Pay Code								
T2539	T-SYSTEM, INC	W									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2031095		02/28/202	02/28/202	03/30/202			6,276.42	0.00	0.00	6,276.42 ✓
<i>February doc. system change</i>											
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net			
	T2539	T-SYSTEM, INC			6,276.42	0.00	0.00	6,276.42			
Vendor#	Vendor Name	Class	Pay Code								
T2204	TEXAS MUTUAL INSURANCE CO	W									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	1007922274		03/16/202	03/13/202	04/02/202			4,820.00	0.00	0.00	4,820.00 ✓
PAYROLL REPORT 020126-03012											
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net			
	T2204	TEXAS MUTUAL INSURANCE CO			4,820.00	0.00	0.00	4,820.00			
Vendor#	Vendor Name	Class	Pay Code								
14064	TREVIPAY- WALMART										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	CCB97C52		03/18/202	03/12/202				-7.41	0.00	0.00	-7.41 ✓
✓	2D8F893B		03/18/202	03/12/202	03/12/202			69.58	0.00	0.00	69.58 ✓
SUPPLIES											
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net			
	14064	TREVIPAY- WALMART			62.17	0.00	0.00	62.17			
Vendor#	Vendor Name	Class	Pay Code								
U1064	UNIFIRST HOLDINGS INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2921081954		03/10/202	03/02/202	03/27/202			245.60	0.00	0.00	245.60 ✓
UNIFORMS											
✓	2921082345		03/10/202	03/05/202	03/30/202			318.73	0.00	0.00	318.73 ✓
LINENS											
✓	2921082348		03/16/202	03/05/202	03/30/202			418.50	0.00	0.00	418.50 ✓
LINENS											
✓	2921082347		03/16/202	03/05/202	03/30/202			665.46	0.00	0.00	665.46 ✓
UNIFORMS											
✓	2921082344		03/16/202	03/05/202	03/30/202			332.40	0.00	0.00	332.40 ✓
UNIFORMS											
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net			
	U1064	UNIFIRST HOLDINGS INC			1,980.69	0.00	0.00	1,980.69			
Vendor#	Vendor Name	Class	Pay Code								
15616	UTHEALTH CQHII										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	3258		02/28/202	02/27/202	03/29/202			900.00	0.00	0.00	900.00 ✓
PROF CONSULT FROM 0629-0628 <i>x 5 / 06/25 - 06/26</i>											
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net			
	15616	UTHEALTH CQHII			900.00	0.00	0.00	900.00			
Vendor#	Vendor Name	Class	Pay Code								
15444	VANDERBILT HEALTH										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	CI00135703		03/17/202	03/10/202	03/10/202			676.87	0.00	0.00	676.87 ✓
QTRLY OCT-DEC 2025											
Vendor Totals:		Number	Name	Gross		Discount	No-Pay	Net			
	15444	VANDERBILT HEALTH			676.87	0.00	0.00	676.87			
Vendor#	Vendor Name	Class	Pay Code								
I1110	WERFEN USA LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ 9310066589 02/01/202 03/03/202 04/01/202 9,093.41 0.00 0.00 9,093.41 ✓  
 SUPPLIES HemoSIL D-Dimer HS  
 Vendor Totals: Number Name HemoSIL SynthASil Gross Discount No-Pay Net  
 I1110 WERFEN USA LLC 9,093.41 0.00 0.00 9,093.41

Vendor# Vendor Name Class Pay Code  
 17880 YOUR PHONE GUYS LLC

✓ Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net ✓  
 22793 03/02/202 03/01/202 03/31/202 1,000.00 0.00 0.00 1,000.00  
 ALLWORX SERVICE AGREEMENT

Vendor Totals: Number Name Gross Discount No-Pay Net  
 17880 YOUR PHONE GUYS LLC 1,000.00 0.00 0.00 1,000.00

Report Summary

Grand Totals: Gross Discount No-Pay Net  
 214,047.65 0.00 0.00 214,047.65

APPROVED ON

MAR 20 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

CHK# 212441-212510

RUN DATE:03/23/26  
TIME:11:49

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
03/25/26 THRU 03/25/26

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212441	03/25/26	328.00	36 MOTORSPORTS
A/P	212442	03/25/26	199.00	3WON, LLC
A/P	212443	03/25/26	983.85	ACE HARDWARE 15521
A/P	212444	03/25/26	362.94	ADVANCED STERILIZATION PRODUCT
A/P	212445	03/25/26	264.77	ALIMED INC.
A/P	212446	03/25/26	505.66	AMAZON CAPITAL SERVICES
A/P	212447	03/25/26	189.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	212448	03/25/26	1,660.00	ARTHREX, INC
A/P	212449	03/25/26	22,176.86	AUTHORITYRX, LLC
A/P	212450	03/25/26	585.16	BAYER HEALTHCARE
A/P	212451	03/25/26	187.50	BAYLOR COLLEGE OF MEDICINE
A/P	212452	03/25/26	27,086.96	BECKMAN COULTER INC
A/P	212453	03/25/26	398.00	BEEKLEY CORPORATION
A/P	212454	03/25/26	5,602.97	BIO-RAD LABORATORIES, INC
A/P	212455	03/25/26	10.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	212456	03/25/26	302.01	CARDINAL HEALTH 414, INC.
A/P	212457	03/25/26	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	212458	03/25/26	326.00	CARESFIELD
A/P	212459	03/25/26	610.00	CITIZENS MEDICAL CENTER
A/P	212460	03/25/26	315.00	CLARITY ENROLLMENT SOLUTIONS
A/P	212461	03/25/26	5,432.09	COASTAL OFFICE SOLUTONS
A/P	212462	03/25/26	176.86	COCA COLA SOUTHWEST BEVERAGES
A/P	212463	03/25/26	534.70	COOPER SURGICAL INC
A/P	212464	03/25/26	213.30	CYRACOM LLC
A/P	212465	03/25/26	9,800.00	DANIEL INDUSTRIES POWER EQUIPM
A/P	212466	03/25/26	423.49	DEWITT POTHS & SON
A/P	212467	03/25/26	511.20	DIRECTV ENTERTAINMENT HOLDINGS
A/P	212468	03/25/26	75.00	DOWELL PEST CONTROL
A/P	212469	03/25/26	255.21	ECOLAB
A/P	212470	03/25/26	548.00	FDA-MQSA PROGRAM
A/P	212471	03/25/26	5,594.49	FILTER TECHNOLOGY CO, INC
A/P	212472	03/25/26	1,450.00	FIRETRON, INC
A/P	212473	03/25/26	4,115.32	FIRST INSURANCE FUNDING
A/P	212474	03/25/26	169.12	FISHER HEALTHCARE
A/P	212475	03/25/26	2,583.75	FUSION MEDICAL STAFFING, LLC
A/P	212476	03/25/26	14,778.95	GE PRECISION HEALTHCARE, LLC
A/P	212477	03/25/26	175.40	GULF COAST PAPER COMPANY
A/P	212478	03/25/26	1,720.59	HEWLETT-PACKARD
A/P	212479	03/25/26	253.00	HOLOGIC INC
A/P	212480	03/25/26	487.50	JACKSON & CARTER, PLLC
A/P	212481	03/25/26	1,136.25	LABCORP OF AMERICA HOLDINGS
A/P	212482	03/25/26	431.80	LEGAL SHIELD
A/P	212483	03/25/26	95.33	M.C. JOHNSON COMPANY INC
A/P	212484	03/25/26	394.77	MCKESSON MEDICAL SURGICAL INC
A/P	212485	03/25/26	.00	VOIDED
A/P	212486	03/25/26	.00	VOIDED
A/P	212487	03/25/26	19,872.38	MEDLINE INDUSTRIES INC
A/P	212488	03/25/26	380.97	MMC AUXILIARY GIFT SHOP
A/P	212489	03/25/26	.00	VOIDED
A/P	212490	03/25/26	9,066.91	MORRIS & DICKSON CO, LLC

RUN DATE:03/23/26  
TIME:11:49

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
03/25/26 THRU 03/25/26

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212491	03/25/26	6,889.28	NITOR E LLC
A/P	212492	03/25/26	406.48	OLYMPUS AMERICA INC
A/P	212493	03/25/26	5,516.78	PRO ENERGY PARTNERS LLC
A/P	212494	03/25/26	2,679.35	QUIDELORTHO SALES COMPANY LLC
A/P	212495	03/25/26	533.04	QUVA PHARMA INC
A/P	212496	03/25/26	7.00	RAPID PRINTING LLC
A/P	212497	03/25/26	863.56	SHERWIN WILLIAMS
A/P	212498	03/25/26	16,335.00	SMITH & NEPHEW, INC.
A/P	212499	03/25/26	8,250.00	SPECIALTY PROFESSIONAL
A/P	212500	03/25/26	103.80	STERIS CORPORATION
A/P	212501	03/25/26	333.74	STRYKER SALES, LLC
A/P	212502	03/25/26	2,760.00	SUMMIT PAIN AND WELLNESS
A/P	212503	03/25/26	6,276.42	T-SYSTEM, INC
A/P	212504	03/25/26	4,820.00	TEXAS MUTUAL INSURANCE CO
A/P	212505	03/25/26	62.17	TREVIPAY- WALMART
A/P	212506	03/25/26	1,980.69	UNIFIRST HOLDINGS INC
A/P	212507	03/25/26	900.00	UTHEALTH CQHII
A/P	212508	03/25/26	676.87	VANDERBILT HEALTH
A/P	212509	03/25/26	9,093.41	WERFEN USA LLC
A/P	212510	03/25/26	1,000.00	YOUR PHONE GUYS LLC
A/P	212511	03/25/26	131,761.23	GOLDENCREEK HEALTHCARE
A/P	212512	03/25/26	91,418.16	LAVACA BAY NURSING AND REHAB
A/P	212513	03/25/26	88,868.80	TUSCANY VILLAGE
TOTALS:			526,095.84	

# MCKESSON

# STATEMENT

As of: 03/20/2026

Page: 002

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

MEMORIAL MEDICAL CENTER  
AP  
815 N VIRGINIA STREET  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory:

Customer: 632536  
Date: 03/21/2026

As of: 03/20/2026 Page: 002  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 03/21/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,634.15 USD

Future Due: 0.00

If Paid By 03/24/2026,  
Pay This Amount:

2,581.47 USD

Due If Paid On Time:

USD 2,581.47

Past Due: 0.00

Disc lost if paid late:

52.68

Last Payment 2,451.97  
08/07/2017

If Paid After 03/24/2026,  
Pay this Amount:

2,634.15 USD

Due If Paid Late:

USD 2,634.15

APPROVED ON

MAR 23 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

15.33 +  
2,566.14 +  
2,581.47 \*

# MCKESSON

# STATEMENT

As of: 03/20/2026

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

DC: 8115  
Customer INV SupplD:  
Territory: 7001

As of: 03/20/2026 Page: 001  
Mail to: Comp: 8000

HEB PHCY WHSE/MEM MED PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 820405  
Date: 03/21/2026

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 820405 PLEASE CHECK ANY  
Date: 03/21/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/19/2026	03/24/2026	7624374649	632536 B2603-055-306102	115Invoice	0.31	15.64		15.33		7624374649	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 15.64 USD

Future Due: 0.00

If Paid By 03/24/2026,  
Pay This Amount:

15.33 USD

Due If Paid On Time:  
USD

15.33

Past Due: 0.00

Disc lost if paid late:

0.31

Last Payment 15,020.30  
02/09/2026

If Paid After 03/24/2026,  
Pay this Amount:

15.64 USD

Due If Paid Late:  
USD

15.64

APPROVED ON

MAR 23 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 03/20/2026

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

WALMART 1098/MEM MED PHS  
 MEMORIAL MEDICAL CENTER  
 VICKY KALISEK  
 815 N VIRGINIA ST  
 PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 256342  
 Date: 03/21/2026

As of: 03/20/2026 Page: 001  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/21/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
03/20/2026	03/24/2026	7624799071 ✓	274365325	115Invoice	52.37	2,618.51		2,566.14 ✓		7624799071	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,618.51 USD

Future Due: 0.00

If Paid By 03/24/2026,  
 Pay This Amount:

2,566.14 USD

Due If Paid On Time:  
 USD 2,566.14 ✓

Past Due: 0.00

Disc lost if paid late:  
 52.37

Last Payment 33,922.43  
 03/16/2026

If Paid After 03/24/2026,  
 Pay this Amount:

2,618.51 USD

Due If Paid Late:  
 USD 2,618.51

APPROVED ON

MAR 23 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

<b>Served By:</b> AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101  DEA: RA0289276 866-451-9655	<b>Customer:</b> WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509 ✓	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Customer Number</th> </tr> <tr> <td colspan="2">100135284 / 037028186</td> </tr> <tr> <th colspan="2">Terms</th> </tr> <tr> <td colspan="2">Sat - Fri Due in 7 days</td> </tr> </table>	Customer Number		100135284 / 037028186		Terms		Sat - Fri Due in 7 days	
Customer Number										
100135284 / 037028186										
Terms										
Sat - Fri Due in 7 days										

<b>Remit To:</b> AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Summary</th> </tr> <tr> <td>Not Yet Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Current:</td> <td style="text-align: right;">361.04</td> </tr> <tr> <td>Past Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Due:</td> <td style="text-align: right;">361.04</td> </tr> <tr> <td>Account Balance:</td> <td style="text-align: right;">361.04</td> </tr> </table>	Summary		Not Yet Due:	0.00	Current:	361.04	Past Due:	0.00	Total Due:	361.04	Account Balance:	361.04
Summary													
Not Yet Due:	0.00												
Current:	361.04												
Past Due:	0.00												
Total Due:	361.04												
Account Balance:	361.04												

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-16-2026	03-27-2026	3245105809 ✓	7011641311	Invoice	59.87 ✓		0.00	59.87 ✓
03-16-2026	03-27-2026	3245107120 ✓	7011647685	Invoice	176.14 ✓		0.00	176.14 ✓
03-17-2026	03-27-2026	3245267474 ✓	7011651228	Invoice	3.81 ✓		0.00	3.81 ✓
03-20-2026	03-27-2026	3245658796 ✓	7011666084	Invoice	121.22 ✓		0.00	121.22 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
361.04	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
03-20-2026	(526.05)

Reminders	
Due Date	Amount
03-27-2026	361.04
<b>Total Due:</b>	<b>361.04</b> ✓

**APPROVED ON**  
  
**MAR 23 2026**  
  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

59.87 +  
 176.14 +  
 3.81 +  
 121.22 +  
 361.04 \*

<b>Serviced By:</b>	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-8336	<b>Customer:</b>	WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 ✓ NORTHLAKE TX 76262-2389
	DEA: RA0316958 866-451-9655		

<b>Customer Number</b>	
100566356 / 100566356	
<b>Terms</b>	
Sat - Fri Due in 7 days	
<b>Summary</b>	
Not Yet Due:	0.00
Current:	1,527.28
Past Due:	0.00
Total Due:	1,527.28
Account Balance:	1,527.28

<b>Remit To:</b>	AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740
------------------	--

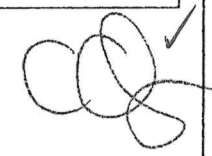
Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-19-2026	03-27-2026	3245570981 ✓	7011667142	Invoice	4.34 ✓		0.00	4.34 ✓
03-20-2026	03-27-2026	3245703288 ✓	7011672366	Invoice	1,522.94 ✓		0.00	1,522.94 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,527.28	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
03-27-2026	1,527.28
<b>Total Due:</b>	<b>1,527.28</b> ✓

APPROVED ON  
**MAR 23 2026**  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

4.34 +  
1,522.94 +  
1,527.28 \*



**Serviced By:**  
AMERISOURCEBERGEN DRUG CORP  
ONE INDUSTRIAL PARK DR.  
WILLIAMSTON MI 48895-1601  
  
DEA: RA0290736  
866-451-9655

**Customer:**  
WALGREENS SPEC PHY #15438 340B  
MEMORIAL MEDICAL CENTER  
41460 HAGGERTY CIR S ✓  
CANTON MI 48188-2227

**Remit To:**  
AMERISOURCEBERGEN  
PO Box 905223  
CHARLOTTE NC 28290-5223

**Customer Number**

100135316 / 049028191

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	269.41
Current:	0.00
Past Due:	0.00
Total Due:	0.00
Account Balance:	269.41

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-13-2026	04-13-2026	3238948118 ✓	15438171086	Invoice	269.41 ✓		0.00	269.41 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Reminders**

Due Date	Amount
04-13-2026	269.41 ✓
<b>Total Due:</b>	<b>0.00</b>

APPROVED ON

MAR 23 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**TOLL FEE PHONE NUMBER: 1-800-555-3453**

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		26
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 119,272.93 ✓ #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 64,137.58 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 14,999.88 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 40,135.47 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

<b>CALLED IN BY:</b>	
<b>CALLED IN DATE:</b>	
<b>CALLED IN TIME:</b>	

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN 3/6/2026  
 PAY PERIOD: END 3/19/2026  
 PAY DATE: 3/27/2026

\*\*ENTER VOID CKS AS NEGATIVE NUMBERS\*\*

	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
<b>GROSS PAY:</b>	\$ 554,353.09		\$ -		\$ 554,353.09
<b>DEDUCTIONS:</b>					
A/R	\$ 486.98				\$ 486.98
ADVANC					\$ -
BOOTS					\$ -
MUTUAL CRITICAL ILLNESS					\$ -
MUTUAL ACCIDENT					\$ -
IRS TAX					\$ -
MUTUAL SHORT TERM DIS					\$ -
MUTUAL VISION	\$ 804.16				\$ 804.16
CAFÉ-D	\$ 1,317.45				\$ 1,317.45
CAFÉ-H	\$ 29,827.51				\$ 29,827.51
	\$ -				\$ -
	\$ -				\$ -
CAFÉ-P					\$ -
CANCER					\$ -
CHILD	\$ -				\$ -
CLINIC					\$ -
COMBIN	\$ 228.60				\$ 228.60
CREDUN	\$ -				\$ -
DENTAL	\$ -				\$ -
DEP-LF					\$ -
MUTUAL TERM LIFE	\$ 1,219.63				\$ 1,219.63
MUTUAL HOSP INDEM	\$ 670.00				\$ 670.00
FED TAX	\$ 40,135.47				\$ 40,135.47
FICA-M	\$ 7,499.94				\$ 7,499.94
FICA-O	\$ 32,068.79				\$ 32,068.79
FICA-M ADDITIONAL					\$ -
FIRST C					\$ -
FLEX S	\$ 4,270.66				\$ 4,270.66
FLX-FE	\$ -				\$ -
GIFT S	\$ 231.99				\$ 231.99
MUTUAL CRITICAL ILLNESS	\$ 959.20				\$ 959.20
MUTUAL ACCIDENT	\$ 645.64				\$ 645.64
MUTUAL SHORT TERM DIS	\$ 1,836.42				\$ 1,836.42
LEGAL	\$ 971.03				\$ 971.03
OTHER	\$ 3,759.99				\$ 3,759.99
NATIONAL FARM LIFE	\$ 1,535.91				\$ 1,535.91
MED SURCHARGE					\$ -
Blank					\$ -
RELAY					\$ -
REPAY					\$ -
STONEDF	\$ 895.00				\$ 895.00
STONE					\$ -
STONE 2					\$ -
STUDEN					\$ -
TSA-R	\$ 37,505.99				\$ 37,505.99
UW/HOS	\$ -				\$ -
<b>TOTAL DEDUCTIONS:</b>	\$ 166,870.36	\$ -	\$ -	\$ -	\$ 166,870.36
<b>NET PAY:</b>	\$ 387,482.73	\$ -	\$ -	\$ -	\$ 387,482.73

TOTAL CAFÉ 125 PLAN: \$ 37,114.78

Less Exempt:

TAXABLE PAY: \$ 517,238.31

\$ 517,238.31

Exempt Amt:

	**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,499.96		
FICA - MED (EE)	1.45% \$ 7,499.96	\$ 7,499.94	\$ 0.02
FICA - SOC SEC (ER)	6.20% \$ 32,068.78		
FICA - SOC SEC (EE)	6.20% \$ 32,068.78	\$ 32,068.79	\$ (0.01)
FED WITHHOLDING	\$ 40,135.47	\$ 40,135.47	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: \_\_\_\_\_

<b>TAX DEPOSIT:</b>	\$ 119,272.95	\$ 119,272.93
FICA - MEDICARE 2.90%	\$ 14,999.92	\$ 14,999.88
FICA - SOCIAL SECURITY 12.40%	\$ 64,137.56	\$ 64,137.58
FED WITHHOLDING	\$ 40,135.47	\$ 40,135.47
<b>TOTAL TAX:</b>	\$ 119,272.95	\$ 119,272.93 \$ 0.02

PREPARED BY:

Sariah Rubio

PREPARED DATE:

3/23/2026

Final Summary

*-- Pay Code Summary -----*						*-- Deductions Summary -----*				
PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross	Code	Amount
1	REGULAR PAY-S1	9467.25	N	N	N			236492.82	A/R	311.98
1	REGULAR PAY-S1	1773.00	N	N	N	N		92744.40	ADVANC	AWARDS
1	REGULAR PAY-S1	209.50	Y	N	N			7987.99	BCBSVI	BOOTS
1	REGULAR PAY-S1	6.00	Y	N	N	N		126.00	CAPE-1	CAPE-2
2	REGULAR PAY-S2	2446.50	N	N	N			70350.17	CAPE-4	CAPE-5
2	REGULAR PAY-S2	111.50	Y	N	N			4530.04	CAPE-D	CAPE-F
3	REGULAR PAY-S3	1572.75	N	N	N			55606.66	CAPE-I	CAPE-L
3	REGULAR PAY-S3	101.00	Y	N	N			4846.36	CANCER	CHILD
4	CALL BACK PAY	24.75	N	1	N	N	Y	1084.98	COMBIN	FREDUN
4	CALL BACK PAY	9.50	N	2	N	N	Y	560.05	DENTAL	DEP-LF
4	CALL BACK PAY	9.50	N	3	N	N	Y	569.55	EAT	EATCSH
4	CALL BACK PAY	.50	Y	2	N	N	Y	48.60	FICA-M	FICA-O
4	CALL BACK PAY	.50	Y	3	N	N	Y	49.35	FLEX S	FLX FE
C	CALL PAY	1987.00	N	1	N	N		3974.00	FUTA	GIFT S
D	DOUBLE TIME	11.75	N	2	N	N		630.11	GRP- IN	GTL
D	DOUBLE TIME	8.25	N	3	N	N		905.36	HSA	ID TPT
D	DOUBLE TIME	17.50	Y	2	N	N		2479.36	LEAF	LEGAL
D	DOUBLE TIME	40.00	Y	3	N	N		5753.86	MERLS	METVIS
E	EXTRA WAGES		N	N	N	N		8244.58	MISC/	MMCSHR
B	EXTRA WAGES		N	1	N	N	N	1737.00	MOOILL	MOOIND
J	JURY LEAVE	13.00	N	1	N	N		601.11	MOOSTD	MOOVIS
K	EXTENDED-ILLNESS-BANK	80.00	N	N	N	N		3594.40	OTHER	PHI
K	EXTENDED-ILLNESS-BANK	266.00	N	1	N	N		8347.94	PR FIN	RELAY
P	PAID-TIME-OFF	100.00	N	N	N	N		3830.80	SAMS	SCRUBS
P	PAID-TIME-OFF	1316.08	N	1	N	N		38545.60	ST-TX	STONDF
X	CALL PAY 2	64.00	N	N	N	N		128.00	STONE2	STUDEN
X	CALL PAY 2	112.00	N	1	N	N		224.00	SUNILL	SUNIND
Z	CALL PAY 3	120.00	N	1	N	N		360.00	SUNSTD	SUNVIS
									TSA-1	TSA-2
									TSA-P	TSA-R
									UNIFOR	UR/HOS
*----- Grand Totals: 19867.83 -----		( Gross: 554353.09 ✓	Deductions: 166870.36 ✓		Net: 387482.73 ✓✓					
Checks Count:- FT 199 PT 12 Other 35 Female 224 Male 21 Credit		OverAmt 16 ZeroNet Term		Total: 245						

CO ✓  
3/23/26

8009	76351	2026	7000074	0	3/16/2026	\$214.20	1	760273984	PHYSICIANS REFERRAL SERVICE			HV	F	2/16/2026	2/16/2026
8010	76351	2026	7000076	0	3/16/2026	\$214.20	1	760273984	PHYSICIANS REFERRAL SERVICE			HV	F	2/17/2026	2/17/2026
8011	76351	2026	7000075	0	3/16/2026	\$270.30	1	760273984	PHYSICIANS REFERRAL SERVICE			HV	F	2/16/2026	2/16/2026
8013	76351	2026	7000077	0	3/16/2026	\$310.25	1	760273984	PHYSICIANS REFERRAL SERVICE			HV	F	2/17/2026	2/17/2026
8014	76351	2026	69000836	0	3/16/2026	\$405.64	1	741680498	SINGLETON ASSOCIATES PA			MRIO	F	2/23/2026	2/23/2026
8015	76351	2026	69000838	0	3/16/2026	\$527.85	1	760273984	PHYSICIANS REFERRAL SERVICE			OV	F	3/5/2026	3/5/2026
8017	76351	2026	65001054	0	3/16/2026	\$1,026.66	1	746001118	MD ANDERSON CANCER CENT			HLAB	F	2/27/2026	2/27/2026
8024	76351	2026	69000293	0	3/16/2026	\$71.56	1	332241086	HOUSTON METHODIST SPECIALTY PHYSICIAN			OVS	F	3/3/2026	3/3/2026
8028	76351	2026	69000848	0	3/16/2026	\$111.33	1	760459500	UT PHYSICIANS			OV	F	9/16/2025	9/16/2025
8029	76351	2026	65000610	0	3/16/2026	\$112.44	1	760423386	REGIONAL EMPLOYEE ASSISTANCE PROGRAM			OV	F	3/2/2026	3/2/2026
8030	76351	2026	68000317	0	3/16/2026	\$173.42	1	742958277	SCOTT WHITE CLINIC			AB	F	2/16/2026	2/16/2026
8031	76351	2026	69000896	0	3/16/2026	\$214.39	1	260406833	HEATH AND WELLNESS SOLUTIONS PA			AB	F	3/5/2026	3/5/2026
8033	76351	2026	69000797	0	3/16/2026	\$241.28	1	741680498	SINGLETON ASSOCIATES PA			MRIO	F	2/23/2026	2/23/2026
8034	76351	2026	69000831	0	3/16/2026	\$241.29	1	741680498	SINGLETON ASSOCIATES PA			AB	F	2/23/2026	2/23/2026
8040	76360	2026	64000330	0	3/16/2026	\$190.89	1	760421006	COMMUNITY PATHOLOGY ASSOCIATES			AB	F	8/8/2025	8/8/2025
8045	76360	2026	65000630	0	3/16/2026	\$49.94	1	273335355	ADU SPORTS MEDICINE CLINIC			OVS	F	3/3/2026	3/3/2026
8052	76360	2026	64000834	0	3/16/2026	\$119.24	1	742605670	PORT LAVACA CLINIC ASSOCIATES			AB	F	2/25/2026	2/25/2026
8053	76360	2026	64000331	0	3/16/2026	\$127.43	1	471158090	CITIZENS MEDICAL PROFESSIONAL			OVS	F	2/19/2026	2/19/2026
8054	76360	2026	63000523	0	3/16/2026	\$127.79	1	810970561	FAMILY CARE CENTER			POV	F	2/23/2026	2/23/2026
8055	76360	2026	65000665	0	3/16/2026	\$132.01	1	742605670	PORT LAVACA CLINIC ASSOCIATES			AB	F	3/2/2026	3/2/2026
8058	76360	2026	64000298	0	3/16/2026	\$281.53	1	275493321	MEDSOLUTIONS			AB	F	2/16/2026	2/16/2026
8059	76360	2026	69000809	0	3/16/2026	\$290.73	1	741680498	SINGLETON ASSOCIATES PA			XRAY	F	2/26/2026	2/26/2026
8067	76360	2026	69000467	0	3/16/2026	\$1,535.24	1	621754940	DETAH HEALTHCARE SYSTEM			HLAB	F	2/27/2026	2/27/2026
						\$6,989.61	✓								

CO ✓  
3/16/26

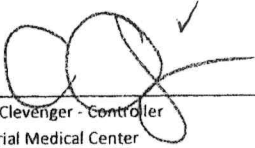
APPROVED ON

MAR 23 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Mar 16, 2026 - Mar 23, 2026**

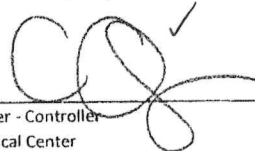
<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>	<u>GL number</u>
3/20/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	526.05*	902277	60310000
3/20/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#124360636 124141970	- 3rd Party Payor Fee	113.91	902278	40440076
3/19/2026	WEBFILE TAX PYMT CPA TAX PAYMENTS - DD 902/8 2022675	- WEBFILE TAX PYMT DD	2385.13**	902279	BEFORE :20300000 DISCOUNT:50700000
3/19/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#123960926 123843377	- 3rd Party Payor Fee	604.52	902280	40440076
3/18/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#123750415 123554610	- 3rd Party Payor Fee	449.19	902281	40440076
3/17/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#123455979 123278883	- 3rd Party Payor Fee	97.42	902282	40440076
3/17/2026	MCKESSON DRUG - AUTO ACH ACH06958324	- 340B Drug Program Expense	33922.43*	902283	60310000
3/16/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEI VABLE 419	- Retirement Funding	180830.45***	902284	20260000
3/16/2026	IRS - USATAXPYMT 270647553886035	- Payroll Taxes	115573.56**	902285	FWT:20200000 FICA:20210000
3/16/2026	FDMS 00000000000000007259 - FDMS PYMT 52-210 0911-000	- Credit Card Machine Lease Fee	45.64	902286	40440076
3/16/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#123084929 122926108	- 3rd Party Payor Fee	53.43	902287	40440076
			<u>334,601.73</u>		

  
Caitlin Clevenger - Controller  
Memorial Medical Center  
March 23, 2026

\* approved 3-18-24 cc  
\*\* approved 3-11-26 cc  
\*\*\* approved 3-4-26 cc

**PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
3/20/2026	Community Hospital Insurance Coalition Reciprocal		32,215.00
			<u>32,215.00</u>

  
Caitlin Clevenger - Controller  
Memorial Medical Center  
March 23, 2026

pay plus 113.91 +  
604.52 +  
449.19 +  
97.42 +  
53.43 +  
1,318.47 \*

lease 45.64 +  
45.64 +

334,601.73 +  
1,318.47 -  
45.64 -  
526.05 -  
2,385.13 -  
33,922.43 -  
180,830.45 -  
115,573.56 -  
0.00 \*

**APPROVED ON  
MAR 23 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

## Brooklynn Harvey

---

**From:** mcumberland@mmcportlavaca.com (Michelle Cumberland)  
<mcumberland@mmcportlavaca.com>  
**Sent:** Tuesday, March 24, 2026 1:41 PM  
**To:** Brooklynn.Harvey@calhouncotx.org  
**Subject:** FW: MMC CHIC Collateral Funding Notice – 2025 Policy Year  
**Attachments:** CHIC Collateral Invoices 2025-26 - Memorial.pdf

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Brooklyn,

I am hoping you have this in your Inbox when you get back! I apologize again.

It was nice meeting you today!

Thanks,

Michelle

**From:** Samii Labadie <Samii.Labadie@aleragroup.com>  
**Sent:** Wednesday, March 4, 2026 10:49 AM  
**To:** Erin Clevenger <EClevenger@mmcportlavaca.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>  
**Subject:** MMC CHIC Collateral Funding Notice – 2025 Policy Year

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear CHIC Member,

To renew your membership in the Community Hospital Insurance Coalition (CHIC) for the **October 1, 2025 – September 30, 2026** policy year, your hospital is required to provide a collateral payment.

**Purpose of Collateral:** These funds are used by Berkley, our reinsurance partner, only if the group's combined claims exceed what is covered by premiums.

*Beginning this year, collateral is calculated on an inception-to-date basis. Your total funded collateral has been compared to your current expected obligation, and your invoice reflects only the net amount due, if any.*

*If your funded collateral exceeds 115% of your expected obligation, you may request a refund of the excess above 115% or carry it forward to future program years.*

**Payment Requirements:** Collateral must be paid via wire or ACH as a lump sum. Please do not send payments by mail. Instructions are included on your invoice.

**Due Date:** Payment is due by March 17, 2026.

Please let us know if you would like to review your collateral position in more detail.

**Samii Labadie**

**Employee Benefits Account Executive**

**Direct** 512-607-4282 | **Cell** 512-913-7264 | [samii.labadie@aleragroup.com](mailto:samii.labadie@aleragroup.com)

5900 Southwest Parkway Building 2, Suite 200 | Austin, TX 78735

**Please note my new email address change, effective January 5th.**

Office Closures:

Out of office/Travel: 3/13

**We're changing our name, but not our commitment to serving those who serve others. The service you trust.**

**The team you know. Now with expanded possibilities.**



#### **Disclaimer**

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**COMMUNITY HOSPITAL INSURANCE COALITION RECIPROCAL IC**

c/o Strategic Risk Solutions (VT), Ltd.  
159 Bank Street, Fourth Floor  
Burlington, Vermont 05401

**Invoice No:** 2025-28  
**Invoice Date:** 2/28/2026  
**Due Date:** 3/20/2026

**Member Name** Memorial Medical Center  
**Contact Name** Erin Clevenger, Michelle Cumberland  
**E-mail** eclevenger@mmcportlavaca.com; mcumberland@mmcportlavaca.com

<b>Required Non-Premium Funding 2025-26 Program Year</b>	<b>\$ 92,499.00</b>
<b>Less: 2023 Non-Premium Funding carried forward</b>	<b>60,284.00</b>
<b>Less: Inception-To-Date Excess Capital Contributed to CHIC</b>	<b>-</b>
<b>Non-Premium Funding - 2025-26 Program Year- Net (min. \$0)</b>	<b><u>\$ 32,215.00</u></b>

**NOTE:** Please do not mail your payment. All payments must be made via wire or ACH, per below instructions.

**PAYMENT BY WIRE**  
KeyBank N.A.  
127 Public Square  
Cleveland, OH 44114  
Routing # 211672531  
Acct #458619741838  
Credit to Account: Community Hospital Insurance Coalition Reciprocal IC

**PAYMENT BY ACH**  
Use Routing and Account Numbers as per wire instructions.

Please direct questions to Samantha Labadie (512) 607-4282 / samanthal@healthsure.com

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	1/1/2026	\$40.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$25.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$30.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$8.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$5.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$137.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$3.33	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$25.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$25.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$4.16	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$100.00	\$25.00
2026 Heath Equity Health Savings Account	2/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$5.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$158.33	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$10.00	\$25.00
		\$575.82	\$500.00
Total		\$1,075.82 ✓	

APPROVED ON

MAR 23 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

# RECEIVED

MAR 20 2026

03/19/2026  
10:54

Calhoun County Auditor

MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 04/03/2026

0  
ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 LAVACA BAY NURSING AND REHAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 031126 ✓		03/19/202	03/11/202	04/03/202			4,062.32	0.00	0.00	4,062.32 ✓
✓ 031626 ✓	INS. pay. dep. into mmc opt. error	03/19/202	03/16/202	04/03/202			87,355.84	0.00	0.00	87,355.84 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	91,418.16	0.00	0.00	91,418.16

### Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	91,418.16	0.00	0.00	91,418.16 ✓

4,062.32 +  
87,355.84 +  
91,418.16

APPROVED ON

MAR 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 212512

RECEIVED

MAR 20 2026

03/19/2026

10:59

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/03/2026

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 031126A ✓		03/19/202	03/11/202	04/03/202			3,038.00	0.00	0.00	3,038.00 ✓
	ins. pay. dep. into mmc opt. error									
✓ 031126 ✓		03/19/202	03/11/202	04/03/202			7,449.35	0.00	0.00	7,449.35 ✓
	ins. pay. dep. into mmc opt. error									
✓ 031126C ✓		03/19/202	03/11/202	04/03/202			89,040.18	0.00	0.00	89,040.18 ✓
	ins. pay. dep. into mmc opt. error									
✓ 031226 ✓		03/19/202	03/12/202	04/03/202			30,937.05	0.00	0.00	30,937.05 ✓
	ins. pay. dep. into mmc opt. error									
✓ 031626A ✓		03/19/202	03/16/202	04/03/202			12.92	0.00	0.00	12.92 ✓
	ins. pay. dep. into mmc opt. error									
✓ 031626 ✓		03/19/202	03/16/202	04/03/202			1,283.73	0.00	0.00	1,283.73 ✓
	ins. pay. dep. into mmc opt. error									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE						131,761.23	0.00	0.00	131,761.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	131,761.23	0.00	0.00	131,761.23 ✓

3,038.00 +  
7,449.35 +  
89,040.18 +  
30,937.05 +  
12.92 +  
1,283.73 +  
131,761.23 ✓

APPROVED ON

MAR 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK # 212511

# RECEIVED

MAR 20 2026

03/19/2026

10:54

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/03/2026

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 031126 ✓		03/19/202	03/11/202	04/03/202			602.20	0.00	0.00	602.20 ✓
✓ 031226 ✓	ins. pay. dep. into mmc opt. error	03/19/202	03/12/202	04/03/202			3,890.00	0.00	0.00	3,890.00 ✓
✓ 031626 ✓	ins. pay. dep. into mmc opt. error	03/19/202	03/16/202	04/03/202			84,376.60	0.00	0.00	84,376.60 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	88,868.80	0.00	0.00	88,868.80

### Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	88,868.80	0.00	0.00	88,868.80 ✓

602.20 +  
 3,890.00 +  
 84,376.60 +  
 88,868.80 ✓

APPROVED ON

MAR 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK # 212513

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 3/23/2026

APPROVED ON

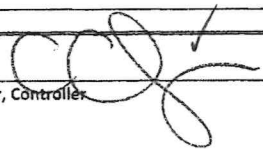
MAR 23 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		439.80	339.80	-		100.00 0	
						Bank Balance 100.00 ✓	
						Variance -	
						Leave in Balance 100.00	
<i>Routing Information for Ashford Gardens:</i>							
Ashford Health Care Center Ltd Co JP Morgan Chase Bank ABA 111000614 Account #							
Broadmoor		101.58	-	176.00		Adjust Balance/Transfer Amt -	
						Bank Balance 277.58 ✓	177.58
						Variance -	
						Leave in Balance 100.00	
Crescent		100.83	-	35.03		Adjust Balance/Transfer Amt 177.58	
						Bank Balance 135.86 0 ✓	
						Variance -	
						Leave in Balance 100.00	
Fort Bend		215.60	115.60	-		Adjust Balance/Transfer Amt 35.86	
						Bank Balance 100.00 ✓	
						Variance -	
						Leave in Balance 100.00	
Solera at W Houston		2,286.97	2,186.97	-		Adjust Balance/Transfer Amt -	
						Bank Balance 100.00 0 ✓	
						Variance -	
						Leave in Balance 100.00	

*Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:*  
 Cantex Health Care Centers III LLC  
 JP Morgan Chase Bank  
 ABA 111000614  
 Account #

Adjust Balance/Transfer Amt	-
<b>TOTAL TRANSFERS</b>	<b>177.58</b>

Approved:   
 Caitlin Clevenger, Controller 3/23/2026

Note: Only balances of over 55,000 will be transferred to the nursing home.  
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.



# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Mar 23, 2026 8:52:24 AM CDT

## Account Activity

### DDA(14)

	Current Balance	Available Balance
	\$2,952,778.27	\$2,952,778.27
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$1,438,087.29	\$1,438,087.29
*4381 MEMORIAL MEDICAL / NH ASHFORD	✓ \$100.00 ✓	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$277.58 ✓	\$277.58
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$135.86 ✓	\$135.86
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$100.00 ✓	\$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$100.00 ✓	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$299,481.23	\$299,481.23
*4551 CAL CO INDIGENT HEALTHCARE	\$4,846.27	\$4,846.27
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$38,619.19	\$38,619.19
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.96	\$101.96
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$478,911.86	\$478,911.86
*3407 MMC -NH TUSCANY VILLAGE	\$604,652.50	\$604,652.50
*2998 MMC -MONEY MARKET FUND	\$74,878.95	\$74,878.95
*7168 MEMORIAL MEDICAL LOCK BOX	\$12,485.58	\$12,485.58
<b>Total Balance</b>	<b>\$2,952,778.27</b>	<b>\$2,952,778.27</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 3/23/2026

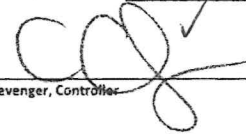
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		99,092.26	98,737.19	238,396.26		238,751.33	238,224.27
						238,751.33	
						100.00	

Routing Information for Golden Creek:  
 Nexion Health at Golden Creek  
 Wells Fargo Bank, N.A.  
 ABA 121000248  
 Account # :

Jan Interest 255.07  
 Feb Interest 171.99

Adjust Balance/Transfer Amt 238,224.27

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:   
 Caitlin Clevenger, Controller 3/23/2026

APPROVED ON  
 MAR 23 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Golden Creek**

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
3/20/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY837211588075964*1746000156~ 17460034113011	-	22,561.43		
3/19/2026 Deposit	-	39,658.86		
3/19/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235314882*13 41858379\ 746003411	-	18,983.30		
3/19/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826073010672 69*1066033492\ 1588075964	-	72.38		
3/18/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	98,737.19	-		
3/17/2026 Deposit	-	145,363.10		
3/17/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1234917225*13 41858379\ 746003411	-	836.40		
3/17/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,967.00		
3/17/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	199.73		
3/16/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	4,319.06		
3/16/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 031626 543684555876917	-	25.00		
3/16/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826069010280 03*1066033492\ 1588075964	-	4,410.00		
	<b>98,737.19</b>	<b>238,396.26</b>	-	-

# Transaction Report



## Transaction Report for account \*4454

Reported on Mon Mar 23 14:03:00 GMT 2026

Current Balance \$299,481.23  
 Interest Accrued \$123.31  
 Available Balance \$299,481.23

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
03/20/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SY837211588075964*1746000156- 17460034113011	22561.43		✓ 238751.33 ✓
03/19/2026	27310782648168 Deposit Deposit	39658.86		216189.90
03/19/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1235314882*13 41858379\ 746003411	18983.30		176531.04
03/19/2026	External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8826073010672 69*1066033492\ 1588075964	72.38		157547.74
03/18/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		98737.19	157475.36
03/17/2026	123870762640487 Deposit Deposit	145363.10		256212.55
03/17/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1234917225*13 41858379\ 746003411	836.40		110849.45

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 3/23/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<del>Gulf Pointe Plaza - Private Pay</del>		38,619.19					38,619.19	NO TRANSFER
						Bank Balance	38,619.19	Transfer (Holding due to pending claims requests)
						Variance	-	
						Leave in Balance	100.00	
						Claims owed to MMC	38,519.19	X
						Adjust Balance/Transfer Amt		
<del>Gulf Pointe Plaza - Medicare/Medicaid</del>		101.96					101.96	NO TRANSFER
						Bank Balance	101.96	Transfer (Holding due to pending claims requests)
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	1.96	X
<b>TOTAL TRANSFERS</b>								

Routing Information for Gulf Pointe Plaza:

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:   
 Caitlin Clevenger, Controller 3/23/2026

APPROVED ON  
 MAR 23 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Mar 23, 2026 9:26:43 AM CDT

## Account Activity

### DDA(14)

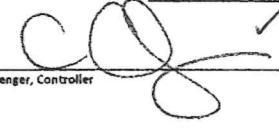
	Current Balance	Available Balance
	\$2,952,778.27	\$2,952,778.27
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$1,438,087.29	\$1,438,087.29
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$100.00	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$277.58	\$277.58
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$135.86	\$135.86
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$100.00	\$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$299,481.23	\$299,481.23
*4551 CAL CO INDIGENT HEALTHCARE	\$4,846.27	\$4,846.27
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	✓ \$38,619.19 ✓	\$38,619.19
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	✓ \$101.96 ✓	\$101.96
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$478,911.86	\$478,911.86
*3407 MMC -NH TUSCANY VILLAGE	\$604,652.50	\$604,652.50
*2998 MMC -MONEY MARKET FUND	\$74,878.95	\$74,878.95
*7168 MEMORIAL MEDICAL LOCK BOX	\$12,485.58	\$12,485.58
<b>Total Balance</b>	<b>\$2,952,778.27</b>	<b>\$2,952,778.27</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 3/23/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		211,810.57	195,341.52	556,008.67	-	-	572,477.72	572,377.72
						Bank Balance Variance	572,477.72	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 572,377.72

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:   
 Caitlin Clevenger, Controller 3/23/2026

**APPROVED ON**  
**MAR 23 2026**  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Tuscanv Village

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	<u>MMC</u> <u>PORTION</u>	<u>NH PORTION</u>
3/20/2026 Merchant Capture Deposit	-	1,302.00		1,302.00
3/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235588635*13 41858379\ 746003411	-	89,791.92		89,791.92
3/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235588634*13 41858379\ 746003411	-	13,241.73		13,241.73
3/19/2026 Deposit	-	63,741.33		63,741.33
3/19/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7744812*1205296137*000004011\ 676201	-	10,996.71		10,996.71
3/18/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	195,341.52	-		-
3/18/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235588636*13 41858379\ 746003411	-	31.85		31.85
3/18/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235588637*13 41858379\ 746003411	-	64,932.61		64,932.61
3/18/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235207801*13 41858379\ 746003411	-	20,084.71		20,084.71
3/18/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7743038*1205296137*000004011\ 676201	-	186,866.91		186,866.91
3/17/2026 Deposit	-	105,018.90		105,018.90
	<u>195,341.52</u>	<u>556,008.67</u>	<u>-</u>	<u>556,008.67</u>

# Transaction Report



## Transaction Report for account \*3407

Reported on Mon Mar 23 14:20:00 GMT 2026

Current Balance \$604,652.50  
 Interest Accrued \$264.31  
 Available Balance \$604,652.50

Date	Reference	Description	Debit	Credit	Balance
03/20/2026	9073854849	Descriptive Deposit Merchant Capture Deposit	1302.00		572477.72 ✓
03/20/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1235588635*13 41858379\ 746003411	89791.92		571175.72
03/20/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1235588634*13 41858379\ 746003411	13241.73		481383.80
03/19/2026	27310782648128	Deposit Deposit	63741.33		466142.07
03/19/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN**1*EF T7744812*1205296137*000004011\ 676201	10996.71		404400.74
03/18/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		195341.52	393404.03
03/18/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1235588636*13 41858379\ 746003411	31.85		588745.55
03/18/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1235588637*13 41858379\ 746003411	64932.61		588713.70
03/18/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1235207801*13 41858379\ 746003411	20084.71		523781.09

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 3/23/2026

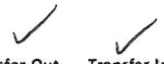
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Evolve Bay Nursing and Rehab	-	167,681.34	167,429.40	473,951.59			474,203.53	345,990.48
						Bank Balance	474,203.53	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint QIPP PAYMENT	127,815.68	
						Jan Interest	151.94	
						Feb Interest	145.43	
						Adjust Balance/Transfer Amt	<u>445,990.48</u>	
						Approved:		
						Callin Clevenger, Controller		3/23/2026

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

APPROVED ON  
 MAR 23 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Lavaca Bay Nursing and Rehab**



	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
3/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235588638*13 41858379\ 746003411	-	162.91		162.91
3/20/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7746631*1205296137*000004011\ 676481	-	2,981.27		2,981.27
3/19/2026 Deposit	-	1,085.00		1,085.00
3/19/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235314883*13 41858379\ 746003411	-	638.82		638.82
3/19/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7744877*1205296137*000004011\ 676481	-	53,217.11		53,217.11
3/19/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY820421538719836*1746000156~ 17460034113016	-	9,878.47		9,878.47
3/18/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	167,429.40	-		-
3/18/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235131343*13 41858379\ 746003411	-	4,269.04		4,269.04
3/18/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235131338*13 41858379\ 746003411	-	752.40		752.40
3/18/2026 HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*OSY804501538719836*1746000156~ 17460034113016	-	822.91		822.91
3/17/2026 Deposit	-	171,184.58		171,184.58
3/17/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7741245*1205296137*000004011\ 676481	-	13,267.22		13,267.22
3/17/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY789571538719836*1746000156~ 17460034113016	-	247.68		247.68
3/17/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0912926385* 1742770542\	-	27,724.00		27,724.00
3/16/2026 NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	222.70		222.70
3/16/2026 Deposit	-	32,736.12		32,736.12
3/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1234724111*13 41858379\ 746003411	-	2,351.19		2,351.19
3/16/2026 WELLPOINT CO AP - E-PAYMENT ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG *260312*224 5*U*00401*0004	-	127,815.68		127,815.68
3/16/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7739730*1205296137*000004011\ 676481	-	7,509.85		7,509.85
3/16/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY773061538719836*1746000156~ 17460034113016	-	17,084.64		17,084.64
	<b>167,429.40</b>	<b>473,951.59</b>	<b>-</b>	<b>473,951.59</b>

# Transaction Report



## Transaction Report for account \*5506

Reported on Mon Mar 23 14:58:00 GMT 2026

Current Balance \$478,911.86  
 Interest Accrued \$201.06  
 Available Balance \$478,911.86

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
03/20/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1235588638*13 41858379\ 746003411	162.91		✓ 474203.63
03/20/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7746631*1205296137*00004011\ 676481	2981.27		474040.62
03/19/2026	27310762648075 Deposit Deposit	1085.00		471059.35
03/19/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1235314883*13 41858379\ 746003411	638.82		469974.35
03/19/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7744877*1205296137*00004011\ 676481	53217.11		469335.53
03/19/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SY820421538719836*1746000156~ 17460034113016	9878.47		416118.42
03/18/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		167429.40	406239.95
03/18/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1235131343*13 41858379\ 746003411	4269.04		573669.35
03/18/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1235131338*13 41858379\ 746003411	752.40		569400.31

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center ✓  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 3/23/2026

APPROVED ON  
MAR 23 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT: \$38,519.19 ✓ G/L NUMBER: 20654000

EXPLANATION: Claims for MMC sent to Gulf Pointe

REQUESTED BY: Autumn Gibson

AUTHORIZED BY:  ✓

**MEMORIAL MEDICAL CENTER**

NH GULF POINTE - PRIVATE PAY

815 N. VIRGINIA ST.

PORT LAVACA, TX 77979

001165

Date 3-23-24

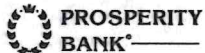
88-2265/1131

**PAY  
TO THE  
ORDER OF**

mmc Operating

\$ 38,519.19

Thirty eight thousand Five hundred and nineteen <sup>19</sup>/<sub>100</sub> DOLLARS



**PROSPERITY  
BANK**

FOR Claims

Security features are included. Details on back.



RUN DATE:03/23/26  
TIME:11:26

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
03/23/26 THRU 03/23/26

PAGE 1  
GLCKREG

BANK--CHECK-----  
CODE NUMBER DATE AMOUNT PAYEE

GPP 001165 03/23/26 38,519.19 MMC OPERATING  
TOTALS: 38,519.19